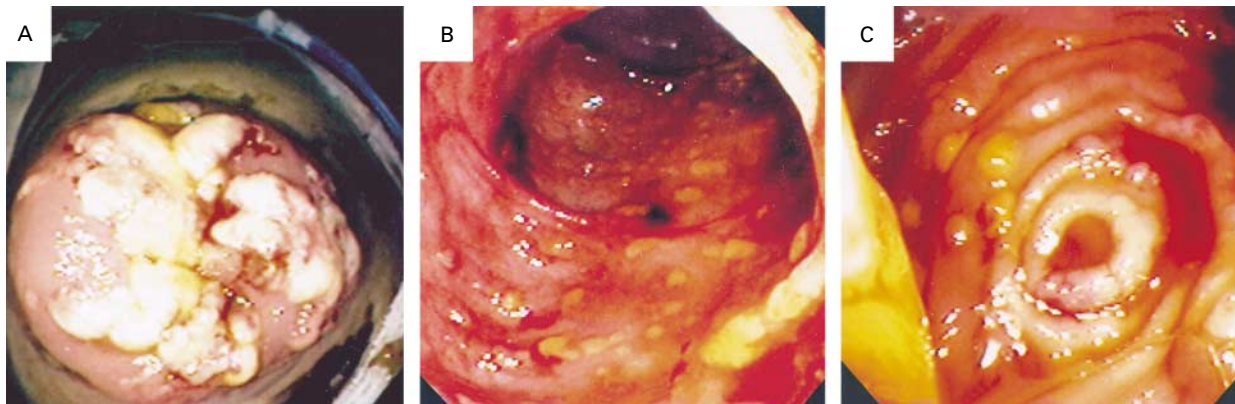




Images in Clinical Medicine



Clostridium difficile Colitis

A 62-year-old man presented with abdominal pain and a sigmoid-colostomy output of more than 1 liter of stool per day while receiving cefazolin for aspiration pneumonia. The colostomy was temporary and had been placed after surgery for diverticulitis. Abdominal examination revealed a distended and mildly tender abdomen with hypoactive bowel sounds. Inspection of the stoma revealed multiple small (2 to 5 mm) whitish-yellow plaques covering a hyperemic, prolapsing, and edematous colonic mucosa (Panel A). Colonoscopy through the stoma revealed similar changes in segments of the transverse colon (Panel B) and cecum (Panel C). Biopsy demonstrated focal ulcerations of the colonic mucosa. An enzyme-linked immunosorbent assay confirmed the presence of *Clostridium difficile* infection. Treatment with metronidazole led to the complete resolution of the clinical and endoscopic findings.

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